



Saltwater Charter Application
South Carolina Department of Natural Resources
Commercial License Office
PO Box 12559 Charleston, SC 29422-2559
(843)953-9301 press 4
www.dnr.sc.gov

For Office Use:

License Number:

RF _____ - _____

THIS APPLICATION MUST BE COMPLETE

This is a Non-transferable license for a Vessel

Business Name _____ FEIN _____

-Or-

SSN _____ - _____ - _____ or Customer ID# _____

DL #/State ID # _____ State _____ Date of Issue _____
(mm/dd/yyyy)

Name _____

Address _____

City _____ State _____ Zip _____

County _____ Phone (____) _____ - _____ Cell (____) _____ - _____

Date of Birth _____ Sex M F Race _____ Email _____

*** Name Associated with the business** _____

*** Mailing Address (if different from physical address)** _____

Vessel's Name _____

State Reg. #/ USCG# _____

Hull Id # _____

Length _____ Ft. _____ In.

Max # of Anglers _____

Tonnage (if vessel is Coast Guard registered) _____

Vessel is kept at (please check):

_____ **Marina**

_____ **Trailered or Private Dock**

Marina's Name _____

What boat landing do you use?

Address _____

Boat Landing Name _____

City _____

Boat Landing County _____

State _____ Zip _____

*** What species are you targeting?** _____ **Blue Crab** _____ **Shark** _____ **Inshore Fish** _____ **Offshore Fish**
_____ **Shellfish (Oysters, Clams, Mussels)** _____ **Other (_____)**

Is this vessel also being used for a trawler? _____ **Yes** _____ **No**

*Please provide a copy of the Captain's Coast Guard credentials

****Reminder: Reporting is required for Charter licensing****

Captain's Name _____ Phone _____

SSN _____ - _____ - _____ **OR** Customer ID# _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

USCG Capt. License #: USA _____ USCG Capt. License Expiration Date: _____

Please Indicate Type of Vessel License Needed:

_____ **6 or Less Passengers** **\$150**

_____ **7 – 49 Passengers** **\$250**

_____ **50 or More Passengers** **\$350**

I understand that persons whose privileges are suspended are not eligible to apply for, hold, or use SCDNR licenses, permits, or tags. According to SC Code of Laws, license holder(s) may be required to submit monthly reports and/ or obtain permits. No out of state checks accepted. No refunds.

Signature _____ Date _____

The South Carolina Department of Natural Resources prohibits discrimination on the basis of race, color, gender, national origin, disability, religion or age. Direct all inquiries to the Office of Human Resources, PO Box 167, Columbia, SC 29202.

